



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA)/formerly Division of Drug Control
PRACTITIONER INSTRUCTIONS (Revised March 27, 2017)

Office of Controlled Substances Administration Website: <http://dhmh.maryland.gov/OCSA>

GENERAL DIRECTIONS: Application Sections 1, 2 and 3 must be completed, signed and dated. Applications torn in half, incomplete or without payments will be returned, which delays CDS issuance. **Allow approximately 3 to 4 business weeks for the entire process to be completed, including mailing of permit** (does not include holidays and other State closings). OCSA can grant active CDS status for applicants to practice or conduct business relative to CDS, until the division takes final action on the application. (Contact OCSA at 410-764-2890 for details.) Application status can be checked at: <http://dhmh.maryland.gov/OCSA> - click: CDS Search or GOOGLE: Maryland CDS Search. If OCSA verification web page states "pending," contact OCSA for follow-up.

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. PROFESSIONAL CLASSIFICATION

- 1) Check only one box (☒) for the type of professional classification for which you are requesting registration/certification.
- 2) A separate application must be completed for each profession.
- 3) Submit required documentation for Profession for which requesting registration/certification, such as:
 - (a.) MIEMSS License (Emergency Medical System/Ambulance)
 - (b.) Delegation Approval Email/Letter (With CDS Prescriptive Authority Summary and supervisory physician name required)
 - (c.) Researcher Questionnaire (Required for all Researchers Schedule I-V)

B. Payment Details

Select type of application by checking the box (☒) next to the amount for that type. Check/money order must be dated, made payable to DHMH-OCSA, signed, written number amount must match the numerical amount, and **APPLICATION FEES ARE NON-REFUNDABLE FOR PARTIAL OR FULL REGISTRATIONS**. The registration fee can not be changed on the preprinted CDS renewal application. **Do not send application without check or check without application.**

- | | |
|---|---|
| <ol style="list-style-type: none">1) Renewal and New (2-Year \$80 or 3-Year \$120): Additional fees for Address and Name Changes are not required at time of renewal. For new CDS, tentative processing # is given until OCSA issues permanent CDS #. The TEMP # cannot be used to apply for the federal DEA's Registration. An additional permit not required for prescribing at different locations but is required for each location where CDS is administered, stored, dispensed, manufactured.2) Address Change (\$50): An application must be submitted whenever there is a change of address printed on the CDS permit. Registrants must take affirmative steps to notify the OCSA of address changes. | <ol style="list-style-type: none">3) Mailing Address Change (\$0): No fee for changing.4) Name Change (\$50): Official/sealed certified name change documentation must be submitted (i.e., marriage license, divorce decree, court order).5) Duplicate (\$30): Please check OCSA on-line web site to confirm expiration date prior to submitting application and fee. Application and fee submitted for expired permit will be denied and fee is non-refundable.6) Discontinuation (\$0): No fee. If cancelling during expiration period, note "Reason", surrender original permit with application, and include notice of how and to whom CDS transferred or disposed of. |
|---|---|

C. Fee Exempt Details

Check the box (☒) next to State or Local Government. Certifying Official must list Agency Unit Code to verify registrant is paid by government for fee-exempt status. OCSA issues fee exempt registrations to State and Local Government officials, practitioners, researchers, employees or facilities. Certifying details, signature and date must be listed, authorizing CDS is handled at exempt location only. Federal officials or employees can be issued CDS permit *for fee* at private place of business or practice.

SECTION 2: APPLICANT DETAILS

- A-C.** List applicant's full name, business name, and business address where the CDS Registration will be used. **Be sure to provide the address of the Maryland location where you intend to use the CDS Registration (failure to do so may trigger an inspection).** (Applications will be reviewed to make sure the applicant complies with Criminal Law § 5-301(b) and OCSA's authority to conduct inspection under Criminal Law § 5-305.) The certificate will be automatically mailed to the business address if a mailing address is not requested. A post office (PO) box is not acceptable. OCSA must be able to ascertain at all times that an application and fee with the correct and current address are received for each separate place of business, professional practice or location (exception for prescribing) where the CDS Registration is issued and used to manufacture, distribute, dispense or store CDS.)
- D-G.** List a home address for personal contact purposes (will not become public record); alternate telephone numbers, such as mobile/cell, are helpful if there are questions regarding the application; and **email address required** for renewal notice purposes.
- H.** **Practitioners and Researchers who prescribe CDS must respond to the question about Registering with the Prescription Drug Monitoring Program (PDMP) by checking yes or no.** To register with PDMP go to CRISP website at <https://crisphealth.org/>.

SECTION 3: PROFESSIONAL LICENSE DETAILS

- A-C.** List the required license and expiration date for the profession for which you are requesting registration. List the Social Security, Federal Tax I.D. and DEA Permit numbers and expiration dates. If the DEA permit is pending the issuance of the CDS Registration, list "pending".
- D-G.** Answer "yes" or "no" to each question pertaining to your Professional License. Do not skip any question. If the answer is yes to any question, submit a detailed explanation and submit copies of pertinent and supporting documentation.

Signature and Date (Required): Sign and date the application. No signature and date will determine your application to be "incomplete" and delayed. (Your signature attests to the fact that the information provided is accurate.)